STATEMENT OF ORGANIZATION		OFFICE USE ONLY Report Number: 56193
Name and Address of Committee	2. Date of this Statement	Date Filed: 1/21/2016
MICHAEL S. YENNI CAMPAIGN P.O. Box 640938 Kenner, LA 70064	1/21/2016	
	3. Estimated Membership	
	ţ	5
Check If:	4. Amended Statement?	
New Committee	YesX_No	
 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) a. Name b. Position c. Address 		
HENRY R TRAPANI Chairperson	8901 - 33rd Stree	t
	Metairie, LA 7000	3
RYAN KRUSE Treasurer	4812 Wade Dr.	
Metairie, LA 70003		
6. Affiliated Organizations (Any organization other than a political committee which directly or indirectly established administers or financially supports this committee) a. Name b. Address c. Relationship to Committee		
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)		
a. <u>Name</u> b. <u>Address</u>		
On attached sheet		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: X Principal Campaign Committee Subsidiary Committee		
b. Name of Candidate MICHAEL S. YENNI	c	. Office Sought by the Candidate Parish President
9. a. Name of Person Preparing Report CYNTHIA AUSTIN		
b. Daytime Telephone 504-450-8722		
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.		
This 21st day of January , 2016	<u> </u>	
Henry R Trapani		<u>504-443-5606</u>
Signature of Committee/Chairperson	_	Daytime Telephone
Ryan Kruse		504-813-7389
Signature of Committee Treasurer if any		Daytime Telephone

Form 200, Rev. 12/03

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. <u>Name</u> b. <u>Address</u>

REGIONS BANK 810 W. Esplanade Ave. Kenner, LA 70065